	PTO/SB/05 (4/98)	
Please type a plus sign (+) inside this box -> +	Approved for use through 09/30/2000 OMB 0651-0032	
·· · · · · · · · · · · · · · · · · · ·	Patent and Trademark Office U.S. DEPARTMENT OF COMMERCE	
Inder the Panerwork Reduction Act of 1995, no persons are required to res	pond to a collection of information unless it displays a valid OMB control number.	

TRANSMITTAL

Attorney Docket No. NC 79,849 UTILITY First Inventor or Application Identifier Armen M. Gulian PATENT APPLICATION

Title Photon Detector Only for new nonprovisional applications under 37 C.F.R. § 1.53(b). Express Mail Label No.

		TION ELEMEN		tion contents.		ADD	RESS TO	: Box f	atent A	mmissioner for Patents pplication DC 20231	38
		mittal Form (e.g.			5.		Microfiche	Compu	ter Prog	gram (Appendix)	60
	pecification	1	Total Pa				otide and/o			Sequence Submission	_ [
		angement set forth title of the Inver		لستنا		a.				le Copy	ı
		erences to Relate		tions		b.	Pa	per Cop	v (ident	ical to computer copy)	- 1
		Regarding Fed		R&D		C.	=			g identity of above cop	ies
		to Microfiche Ap d of the Inventio			_		البيا				
		nary of the Inver			-	-				LICATION PARTS	-
		ription of the Dra		iled)	7.				-	r sheet & document(s)	1
-1	Detailed D	escription			8.		37 C.F.R.§				- 1
	Claim(s)				9.		English Tr	anslatio	n Docui	ment (if applicable)	- 1
~~		the Disclosure (35 U.S.C. 113)	[Total Sh	eets [14]	10.		Information			Copies of ID	s
. Oath or	Declaratio	n	[Total Pa	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	11.		Preliminar	y Amen	iment		- 1
a. [XI Nov	ly executed (orig	•		12.	Ħ				(MPEP 503)	ı
ř		v from a prior ap			1		(Should be * Small En		-		
ь. [continuation/division	nal with Box	16 completed)	13.		Statement	(s)		ement filed in prior app us still proper and desi	
	i.	DELETION OF		R(S) ched deleting		\equiv	(PTO/SB/09 Certified C	00V of F		Document(s)	· I
	_	inventor(s) na	med in the	prior application			(if foreign				- 1
		see 37 C.F.R. 3: IN ORDER TO BE)(2) and 1,33(b)			Other:				
FEES, A SM	IALL ENTITY	<u>3</u> : IN ORDER TO BE STATEMENT IS REQ R APPLICATION IS F	UIRED (37 C.	F.R. § 1.27), EXCEPT							
16. If a C	ОИТИИ	G APPLICATION	, check ap	propriate box, and	supply th	e requ	isite informa	ion belov	and in .	a preliminary amendment:	
	Continuation	Divisiona	c	ontinuation-in-part	(CIP)	0	f prior applica			J	-
Prior a	pplication in	formation: Exam DIVISIONAL APP	niner	entire disclosure	of the r	rior a		up / Art L		th or declaration is supp	 lied
under Box 4	tb. is consi	dered a part of the	disclosur	e of the accompa	nying co	ntinua	tion or divis	ional ap	plication	and is hereby incorpora abmitted application par	ited by
reierence.	i ne incorpc	ration can only b		ORRESPOND		_		inted in	nn the s	авликео аррисакоп ра	
			T	THE RESERVE OF THE PERSON OF T		1					
Custo	mer Numbe	r or Bar Code Labe					1	or C	Con	respondence address belo	w
			(Insert C	Customer No. or A	tach bar	code la	bel here)				
Name				PATENT TRADE	84						
	 	2022 27 17			MARK OFFIC	.e.					
Address		008.2, Naval 1		Laboratory							
	_	verlook Ave.,	5.W.	7 800	D.C.			75.		20375-5320	
City	Washii	igion		State Telephone	D.C.			Zip C		202-404-7380	
Country	JUSA			relephone		_			rax		↽
Name	(Pnnt/Type)	John J. Karas	ek	24		Regi	stration No. (Attomey/A	gent)	36,182	_
1		1/17	//	////						126.61	- 1

FEE TRANSMITTA			Complete if Known						
			Application Number	not yet assigned					
for FY 2001			Filing Date						
10111 2001			First Named Inventor	A.M. Gulian					
Patent fees are Subject to annual revision			Examiner Name	Examiner Name not yet assigned					
			Group Art Unit	not yet assigned					
TOTAL AMOUNT OF PAYMENT	(\$) 1926		Attorney Docket No.	79,849					
METHOD OF PAYME	٧T	Г	FEE CA	LCULATION (continued)					
The Commissioner is hereby authorized fees and credit any overpay Account Number Deposit		Fe Co	ADDITIONAL FEES arage Battly Small Entity Fee Fee Fee Fee Code (\$) Code (\$) 105 130 205 65 Surcharge - late filling fee or oath						
Naval Research Laboratory			127 50 227 25 Surcharge - late provisional filing fee or cover sheet						
Charge Any Additional Fee Required Under 37 CFR 1 1 6 and 1 1 7			139 130 139 130 Non-English specification						
Applicant claims small entity status See S7 GFB 1 27			147 2,520 147 2,520 For filing a request for ex parte reexamination 112 920" 112 920"Requesting publication of SIR prior to						
2. Payment Enclosed:			Examiner action						
Check Gredit card Grd	ey D Other	113	113 1,840* 113 1,840* Requesting publication of SIR after Examiner action						
FEE CALCULATION		11	115 110 215 55 Extension for reply within first month						
1 BASIC FILING FEE		1		or reply within second month					
Large Entity Small Entity		•		for reply within third month					
Fee Fee Fee Fee Description Code (\$) Code (\$)	Fee Paid			for reply within fourth month	-				
101 710 201 355Utility filing fee	7/10	•		for reply within fifth month					
106 320 206 160Design filing fee			119 310 219 155 Notice of Appeal						
107 490 207 245 Plant filing fee		1	120 310 220 155 Filing a brief in support of an appeal						
108 710 208 355Reissue filing fee	-		121 270 221 135 Request for oral hearing 138 1,510 138 1,510 Petition to institute a public use proceeding						
114 150 214 75Provisional filing fee			140 110 240 55 Petition to revive - unavoidable						

141 1,240 241 620 Petition to revive - unintentional

142 1,240 242 620 Utility issue fee (or reissue) 143 440 243 220 Design issue fee

122 130 122 130 Petitions to the Commissioner 123 50 123 50 Petitions related to provisional applications 126 240 126 240 Submission of Information Disclosure Stmt

581 40 581 40 Recording each patent assignment per

149 710 249 355 For each additional invention to be examined (37 CFR § 1.129(b))

property (times number of properties)

146 710 246 355 Filling a submission after final rejection
(37 CFR § 1.129(a))

144 600 244 300 Plant issue fee

109 80 209	over original pate		17	9 710 279 355 F	Request for Ca	ntinued Examinat	ion (R	CE)	
110 18 210	9 Reissue claims in and over original		16	9 900 169 900 F		pedited examinat application	ion		
ļ	SUBTOTAL (2)	\$ 1216	Oth	er fee (specify)					
*or number pres	iously paid, it greater; For R	issaes, see above	Red	fuced by Basic Felli	ng Fee Paid	SUBTOTAL	(3)	(\$)	
SUBMITTED BY						Complete (i)	applica	ble)	
Name (Pant/Type)	John J. Karasek	/		Registration No. (Attomev[Agent]	36,182	Telephone	202	404-15	552
Signature						Date	3	/22	101
	WARNING: Informa	tion on this form	may h	acomo nublic	Cradit card is	formation shou	ld no	•	

SUBTOTAL(I) \$ 710

Fee Description

Claims in excess of 20

Independent claims in excess of 3

Multiple dependent claim, if not paid

2. EXTRA CLAIM FEES

Large Entity Small Entity

Fee Fee Fee Fee Code (\$) Code (\$)

103 18 203 9

102 80 202 40

104 270 204 135

Total Claims
Independent
Claims
Multiple Dependent

be included on this form. Provide credit card information and authorization on PTO-2038.

Burden Hour Statement. This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patient and Trademark Officer Washington, DC 20231.0 NO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND OF Assistant Commissioner for Patient, Sentance, NO 2023.